## Case 2:15-bk-52430 Doc 35-1 Filed 05/22/17 Entered 05/22/17 16:33:14 Desc Schedule I and J Page 1 of 4

Fill in this information to	identify your case:	
Debtor 1	Andrew Micheal Bosecker	
Debtor 2 (Spouse, if filing)		
United States Bankrupt	cy Court for the: SOUTHERN DISTRICT OF OHIO	
	5-bk-52430	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u>106I</u>	MM / DD/ YYYY

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Franciscon and abotics	■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed
	employers.	Occupation	Welder/Fabricator	Unemployed
	Include part-time, seasonal, or self-employed work.	Employer's name	Blackburn Fabrication, Inc.	_
	Occupation may include student or homemaker, if it applies.	Employer's address	2467 Jackson Pike Columbus, OH 43223	
		How long employed to	here? 2 Years/Weekly	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,726.67 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	Andrew Micheal Bosecker		Case r	number ( <i>if known</i> )	2:15-b	k-52430
					Debtor 1	non-fi	ebtor 2 or ling spouse
	Сор	y line 4 here	4.	\$	3,726.67	\$	0.00
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	661.53	\$	0.00
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$	43.33	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00
	5e.	Insurance	5e.	\$	291.29	\$	0.00
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00
	5g. 5h.	Union dues Other deductions. Specify: Uniforms	5g. 5h.+	\$ \$	0.00 30.72	+ \$	0.00 0.00
^			_	· · ·		+ Ψ	<del></del>
6. -		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,026.87	\$	0.00
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,699.80	\$	0.00
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					
		monthly net income.	8a.	\$	0.00	\$	0.00
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00
	8e.	Social Security	8e.	\$	0.00	\$	0.00
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income	_ 8f. _ 8g.	\$	0.00	\$ 	0.00 0.00
	8h.	Other monthly income. Specify: SNAP	8h.+	· -	0.00	· ·	321.00
	· · · ·	OHAI	_ "		0.00	· • —	021.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	321.00
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$	2	2,699.80 + \$	32	1.00 = \$ 3,020.80
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					- 0,020.00
11.	Stat Inclu	te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a	depen		•		nedule J. 11. +\$ <b>0.00</b>
12.		the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certainies					12. \$ 3,020.80
							Combined
13.	Do y	you expect an increase or decrease within the year after you file this form'	?				monthly income
	_	Yes. Explain:					

Official Form 106I Schedule I: Your Income page 2

						•		
Fill	in this informa	tion to identify yo	our case:					
Deb	tor 1	Andrew Mic	heal Bos	ecker		Chec	k if this is:	
							An amended filing	
	otor 2							wing postpetition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ed States Bankr	uptcy Court for the	: SOUTH	IERN DISTRICT OF OHIO	<u> </u>	_	MM / DD / YYYY	
1	e number 2:	15-bk-52430						
		rm 106J						
		J: Your						12/15
info	ormation. If m		eded, atta	. If two married people ar ch another sheet to this n.				
Par	t 1: Descr	ibe Your House	ehold					
1.	Is this a joir	it case?						
	■ No. Go to	line 2.						
	☐ Yes. <b>Doe</b>	s Debtor 2 live	in a separ	ate household?				
	□N	0						
	□ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, Expenses	for Separate House	ehold of Debt	or 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Do Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Daughter		9yrs	■ Yes
								□ No
					Daughter		11yrs	■ Yes
								□ No
					Wife		38yrs	■ Yes
								□ No
•	Da		_					☐ Yes
3.		enses include f people other t	han	No				
		d your depende		Yes				
Par	t 2: Fetim	ate Your Ongoi	na Month	v Fynansas				
Est exp	imate your ex enses as of a	penses as of y	our bankr	uptcy filing date unless y y is filed. If this is a supp				
app	olicable date.							
Inc	lude expense	s paid for with	non-cash	government assistance i cluded it on <i>Schedule I:</i> \	f you know			
	ficial Form 10		u nave m	Judea It on <i>Schedule I.</i> I	our income		Your exp	enses
						_		
4.		or home owners and any rent for th		ses for your residence. I or lot.	nclude first mortgage	e 4. \$		0.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's	s, or renter	's insurance		4b. \$		120.00
				upkeep expenses		4c. \$		0.00
5		owner's associat			mo oquity loons	4d. \$ 5. \$		0.00
5.	Auditional f	nortgage paym	ents for yo	our residence, such as ho	me equity loans	э. ֆ		0.00

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ebtor 1	Andrew Micheal Bosecker	Case numb	per (if known)	2:15-bk-52430
. Utilitie	es:			
	Electricity, heat, natural gas	6a.	\$	255.00
	Water, sewer, garbage collection	6b.	\$	62.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d.	Other. Specify:	6d.	\$	0.00
Food	and housekeeping supplies	7.	\$	748.80
	care and children's education costs	8.	\$	0.00
Clothi	ing, laundry, and dry cleaning	9.	\$	100.00
	nal care products and services	10.	\$	65.00
	eal and dental expenses	11.	\$	70.00
	portation. Include gas, maintenance, bus or train fare.			
	t include car payments.	12.	\$	280.00
3. Entert	tainment, clubs, recreation, newspapers, magazines, and books	13.	\$	10.00
4. Charit	table contributions and religious donations	14.	\$	0.00
5. <b>Insura</b>	ance.			
	t include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.		0.00
15b.	Health insurance	15b.		0.00
	Vehicle insurance	15c.	\$	95.00
15d.	Other insurance. Specify: Other Vehicle Insurance	15d.	\$	50.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.			
Specif	•	16.	\$	0.00
7. <b>Instal</b> l	Iment or lease payments:		•	
	Car payments for Vehicle 1	17a.	·	0.00
	Car payments for Vehicle 2		\$	0.00
	Other. Specify:	17c.	·	0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report as		¢	0.00
	cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10.	\$	
9. Other Specif	payments you make to support others who do not live with you.	19.	Φ	0.00
	y		ur Incomo	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20a. 20b.		
		20b. 20c.		0.00
	Property, homeowner's, or renter's insurance	20d. 20d.		0.00
	Maintenance, repair, and upkeep expenses		·	0.00
	Homeowner's association or condominium dues	20e.		0.00
1. Otner	: Specify: Pet Expenses	21.	+\$	40.00
2. Calcu	late your monthly expenses			
	dd lines 4 through 21.		\$	1,895.80
22b. C	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	,
	dd line 22a and 22b. The result is your monthly expenses.		\$	1,895.80
				1,033.00
	late your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.		3,020.80
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	1,895.80
		ſ		
	Subtract your monthly expenses from your monthly income.	23c.	\$	1,125.00
	The result is your monthly net income.	23C.	Ψ	1,120.00
	u expect an increase or decrease in your expenses within the year after your expenses within the year after your property of you expect to finish paying for your car loan within the year or do you expect you			ease or decrease because o
	ation to the terms of your mortgage?	5 5 1		
■ No.				
- 110	·			